Amendments to the Specification

Please replace the paragraph beginning at page 1, line 1, with the following rewritten paragraph:

CROSS-REFERENCE TO RELATED APPLICATIONS

This application is a continuation-in-part of U. S. Application Serial No. 09/904,412 filed 07/12/2001, Patent No. 6,740,079 B1.

Please replace the paragraph beginning at page 1, line 8, with the following rewritten paragraph:

The use of electrotherapy by medical investigators historically reaches back to the eighteenth century. In that era, electrotherapy static generators were the subject of substantial interest. As the twentieth century was approached, experimentation applying high frequency currents to living tissue took place, d'Arsonal being considered the first to use high frequency currents therapeutically. The use of high frequency currents for the purpose of carrying out electrosurgical cutting and the like was actively promoted in the 1920s[[']] by Cushing and Bovie. In the 1970s, solid state electrosurgical generators were introduced, and a variety of such generators now are available in essentially all operating theatres.

Please replace the paragraph beginning at page 4, line 22, with the following rewritten paragraph:

Fig. 8 [[view]] is a front view of the forward portion of the instrument of Fig. 1 showing the orientation of components as the leafs of its capture component are being deployed;

Please replace the paragraph beginning at page 7, line 3, with the following rewritten paragraph:

Fig. 47 is an electrical schematic diagram of a power supply; and

Please replace the paragraph beginning at page 7, line 29, with the following rewritten paragraph:

Disposable component 16 includes an elongate delivery cannula represented generally at 22 having a heat shield 20 and which extends along a longitudinal cannula or instrument axis 24. The distal end of the delivery cannula 22 extends through a rotatable threaded connector 26 which is threadably engaged with the housing 18, as well as through a freely rotatable suction manifold 28 which is retained in position by a collar 30. The forward region of the cannula 22, as represented at 32 extends to a distal end or tip represented generally at 34. A flexible suction conduit providing a smoke/steam evacuation function is shown at 36 extending from manifold 28 into press fit connection with a connector 38 as well as through a connector 40 and intermediate releasable connector 42 to the suction input 44 of the housing or console of a vacuum system

46. Housing 46 includes an on/off switch 48 and is actuated to provide smoke/steam/body fluid clearing suction at conduit 36 by a footswitch 50 coupled to the console 46 via a cable 52. Smoke/steam evacuation from distal end 34 is called for to avoid thermal injury to tissue due to a migration of steam back along the exterior surface of cannula 22. The vacuum system extends to tip region 32. In this regard, located at end 32 are four smoke/steam collection or suction intake ports as are represented at 35. Cannula 22 is thermally insulated by the insulative sheath 20 to avoid external tissue damage. Such thermal insulation is described in copending application for United States Patent Serial No. 10/630,100 (attorney docket NET 2-098) filed July 30, [[____________]], 2003 and entitled "Electrosurgical Accessing of Tissue With Controlled Collateral Thermal Phenomena".

Please replace the paragraph beginning at page 16, line 31, with the following rewritten paragraph:

Pursing cables 230-234 extend rearwardly outboard of the drive tube 236 into the internal cavity 278 of support housing 108. Two of these pursing cables are symbolically represented at 230 and 231. These cables slidably extend through corresponding five channels extending through drive member 276, one of which is shown at 280. The cables 230-234 extend further to a fixed connection with a polymeric cable terminator component 282. Component 282 is slidably mounted upon support tube 242 and includes a forward ferrule or collar 284 which is press-fitted over the cables 230-234. The cables then extend through a central flange portion 286 of component 282 for rigid and electrical connection with a rearward ferrule or collar 288. Collar 288, in turn, is coupled to a flexible electrical cable 290 connected to electrical connector 124, which follows the cable terminator component 282 as it slides forwardly. Accordingly, electrosurgical cutting energy is supplied to the cables 230-234 from connector 124, cable 290 and the ferrule 288. Cable terminator component 282 is stabilized by two outwardly extending ears or tabs, one of which is described in connection with Fig. 2 as a tab 126 riding within stabilizer slot 130. Positioned forwardly of cable terminator component 282 is a cable stop 292. The collar-shaped stop 292 is adhesively fixed to support tube 242 at a location defining the maximum diametric extent developed by the leading edge of the capture component 200 leafs. That maximum diametric extent is represented in the instant figure in symbolic fashion as extending over a tissue volume and about halfway over a targeted tissue volume shown in dashed line fashion at 294. It has been determined that a more reliable capture is achieved by positioning a compression spring as at 293 between stop 292 and component 282. This arrangement is described in detail in copending application for United States Patent Serial No.

10/630,336 (attorney docket Net 2-097) entitled: "Electrosurgical Method and Apparatus With Dense Tissue Recovery Capability" filed [[ ]] July 30, 2003. With the orientation of the capture component 200 shown, the cable terminator component 282 will have commenced to abuttably engage the cable stop 292 through spring 293 to effect a tensioning of the pursing cables 230-234 as the drive assembly 274 continues to be driven forwardly by motor assembly 160, translation component 172 and transfer assembly 176 (Fig. 3). A drive safety stop mechanism comprised of stop member 304 is fixed within cavity 278 to limit the forward movement of drive assembly 274 beyond a location representing a full pursing or contracting of the capture component 200 for the elected maximum diametric extent of capture. Such unwanted movement may occur, for example, with a failure of cable stop 292 to halt forward movement of cable terminator component 282. As drive assembly 274 continues to be driven forwardly and the drive member 276 approaches adjacency with safety stop member 304 the leafs of capture mechanism 200 will be pursed mutually inwardly together to define a confinement structure surrounding the tissue volume to be removed. As this occurs, the relative lengths of active electrode cutting components of the pursing cables commence to diminish to ultimately assume a very small active cutting area. This orientation is revealed in Fig. 10 which shows the positioning of components subsequent to the procedure-based orientations represented in Fig. 9. Drive member 276 and its associated drive tube or rod 236 of drive assembly 274 are seen to have been driven further forwardly, drive member 276 being in spaced adjacency with respect to the drive safety stop mechanism 302. Cable terminator component 282 is in abutting engagement with cable stop 292. This has caused a tensioning of the five cables 230-234 and a pursing encapsulation of the target tissue 294 and surrounding tissue volume which has been carried out by the capture leafs of the capture component 200.